

THE RYAN WHITE HIV/AIDS PROGRAM

POPULATION FACT SHEET: AUGUST 2012

ASIAN/PACIFIC ISLANDERS

The term "Asian and Pacific Islander" (A/PI) is used to refer to a heterogeneous and diverse collection of approximately 50 ethnic subgroups representing more than 100 languages.^{1,*} This racial group is defined as people having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent. A/PIs are concentrated in several parts of the country, namely, California, New York, Hawaii, Texas, New Jersey, and Illinois.²

SURVEILLANCE

The U.S. Centers for Disease Control and Prevention (CDC) recently altered the way it classifies A/PIs in the *HIV Surveillance Report*. A/PIs are now split into two categories: (1) Asian and (2) Native Hawaiian or Other Pacific Islander (NH/PI).

In 2010, the estimated AIDS diagnoses rate among adult and adolescent Asians was 3.5 cases per 100,000 population. Among NH/PIs, the rate was 9.7—the fourth highest after African-Americans, Hispanics/Latinos, and multiple races.³ The number of estimated new HIV cases among Asians and NH/PIs stayed relatively stable from 2007 to 2010.⁴

Advocates are concerned about the misclassification of data and undercounting of HIV/AIDS cases in the A/PI community. Such issues, along with small sample size, may hinder the development of an accurate understanding of the needs of the population.

Men

- Of estimated HIV diagnoses among Asian men in 2010, 86 percent contracted the virus through male-to-male

sexual contact, while high-risk heterosexual contact accounted for less than 8 percent of all HIV infections in this group.⁵

- Similar trends were seen in estimated HIV diagnoses in 2010 among NH/PI men. Of those, over 90 percent were attributed to male-to-male sexual contact.⁶

Women

- Of the estimated HIV diagnoses among Asian women in 2010, approximately 93 percent contracted the virus through high-risk heterosexual contact.⁷
- In 2010, an estimated 8 NH/PI women were diagnosed with HIV, nearly all of whom were infected through high-risk heterosexual contact.⁸ NH/PI women represent the highest rate of increase in new HIV infections in the Nation, the only statistically significant growth among any racial and ethnic group.⁹

CRITICAL ISSUES

Many Asians and NH/PIs are unfamiliar with the American health system and have difficulty obtaining services. This is often compounded by language and cultural barriers, which can make accessing care intimidating and communication nearly impossible. In 2008, approximately two-thirds of A/PIs living in the United States were born outside of the country; many do not speak English as their primary language.^{10,11} According to the U.S. Census Bureau's *Language Use Report for 2008*, approximately 63 percent of Asians age 5 and older spoke only English at home or spoke English very well, compared with 98 percent of non-Hispanic Whites age 5 and older. Approximately 77 percent of Asians spoke a language other than English at home, compared with 6 percent of non-Hispanic Whites.¹²

The lack of trained bilingual health care providers and translation and interpretation services can cause many A/PIs to postpone medical treatment. Approximately 1 in 5 non-elderly A/PIs lacks health insurance, inhibiting their ability to access care.¹³ Rates of many diseases, including HIV/AIDS, are lower among A/PIs than among other racial and ethnic groups, however, A/PIs are more likely to suffer from tuberculosis, hepatitis B,

* Unless otherwise noted, HIV estimates and diagnoses are gleaned from data provided by 46 U.S. States (Hawaii, Maryland, Massachusetts, Vermont are not included) and 5 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

U.S. dependent areas, however, are not included in reference to HIV among specific racial and ethnic groups, since the U.S. Census Bureau does not collect demographic information from all dependent areas.

AIDS surveillance data are based on reports submitted by all 50 States, the District of Columbia, and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands).



and stomach and liver cancers than are non-Hispanic Whites. Some A/PIs may not seek health care services because of fear of deportation, language and cultural barriers, or a lack of health insurance.¹⁴

Although A/PIs as a group have a lower proportion of diagnoses of HIV infection and AIDS relative to other groups, evidence suggests rising levels of risk behaviors among certain subgroups and in certain regions. For example, in San Francisco, there appears to be an HIV emerging epidemic among young A/PI men who have sex with men.¹⁵

HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE

In 2010, approximately 1 percent of Ryan White HIV/AIDS Program clients were Asian or NH/PIs.*

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau supports numerous mechanisms to bolster and develop community-based health care networks serving A/PIs

that reduce barriers to early HIV identification and ensure entry to state-of-the-art primary health care. For example, HRSA provides support in the form of comprehensive training and Minority AIDS Initiative funding to grantees and providers seeking ways to build their cultural competency and HIV care service delivery capacity within A/PI communities. To improve provider interaction with A/PI populations, HRSA has produced the *Clinician's Guide to Working with Asians and Pacific Islanders Living with HIV*, which is accessible here: www.aidsctc.org/pdf/curricula/clinicianguide-api.pdf.)

HRSA also has facilitated research initiatives to demonstrate and evaluate innovative models of care targeting A/PI populations heavily impacted by HIV/AIDS, including women of color, and young men who have sex with men. Currently, HRSA is gleaning best practices from these and other programs concerning the engagement of hard-to-reach populations into care for inclusion in an upcoming training manual, curriculum, and Webinar.

In addition, HRSA has engaged in community consultations and collaborations with national agencies addressing HIV among A/PIs, including the National Minority AIDS Council and HealthHIV.

* U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). 2010 *Ryan White HIV/AIDS Program Services Report*.

NOTES

- ¹ President's Advisory Commission on Asian Americans and Pacific Islanders. *Enhancing the economic potential of A/PIs (AAPI)*. Washington, DC: The White House; 2007. Available at www.national-caaba.org/files/ncaaba/document/AAPI-Report.pdf. Accessed March 23, 2012.
- ² U.S. Department of Health and Human Services, Office of Minority Health. *Asian American/Pacific Islander profile*. n.d. Available at: minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=53. Accessed April 21, 2010.
- ³ U.S. Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report*, 2010; vol. 22. Table 2a. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- ⁴ CDC. *HIV Surveillance Report*, 2010; vol. 22. Table 1b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- ⁵ CDC. *Surveillance Report*, 2010; vol. 22. Table 3b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- ⁶ CDC. *Surveillance Report*, 2010; vol. 22. Table 3b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- ⁷ CDC. *Surveillance Report*, 2010; vol. 22. Table 3b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- ⁸ CDC. *Surveillance Report*, 2010; vol. 22. Table 3b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- ⁹ Banyan Tree Project. "Saving face can't make you safe: talk about HIV—for me, for you, for everyone." [home Web page.] n.d. Available at: www.banyantreeproject.org/#.
- ¹⁰ President's Advisory Commission on Asian Americans and Pacific Islanders. *Enhancing the economic potential of A/PIs (AAPI)*. Washington, DC: The White House; 2007. Available at www.national-caaba.org/files/ncaaba/document/AAPI-Report.pdf. Accessed March 23, 2012.
- ¹¹ National Council of Asian Pacific Americans. *Call to action: platform for Asian American and Pacific Islander national policy priorities, 2008*. 2008. Available at: http://ncapaonline.org/NCAPA_Platform.pdf. Accessed March 8, 2012.
- ¹² U.S. Census Bureau. *Language use in the United States: 2007*. Available at: www.census.gov/hhes/socdemo/language/data/acs/ACS-12.pdf. Accessed March 23, 2012.
- ¹³ Kaiser Commission on Medicaid and the Uninsured. *The uninsured: a primer*. October 2011. Available at: www.kff.org/uninsured/upload/7451-07.pdf. Accessed on March 20, 2012.
- ¹⁴ Chao S, Chang E, and So S. Eliminating the threat of chronic hepatitis B in the A/PI community: a call to action. *Asian Pacific J Cancer Prev*. 2009;10: 507–12.
- ¹⁵ CDC. *HIV/AIDS among Asians and Pacific Islanders*. 2008. Available at: www.cdc.gov/hiv/resources/factsheets/PDF/API.pdf. Accessed March 21, 2012.